



EXAMPLE OF WEBSITE LANGUAGE UNDERMINING INTENT OF TRANSPARENCY RULE

The following disclaimer language found on the [website for AdventHealth](#), a large multihospital system in Central Florida, demonstrates how, by relying on estimates and unbundled pricing, hospitals are skirting the intention of the rule:

Patients must check that they acknowledge:

I acknowledge this is **an estimate** and my actual total cost (patient responsibility) may be different than the amount shown in the following estimate. **The cost estimate may not include physician or other professional fees.** The use of and information provided by AdventHealth's Patient Estimate Tool **is confidential** and intended for well-being and medical care of patients. Any attempt to use the Patient Estimate Tool for any purposes other than those intended by AdventHealth, as determined by AdventHealth in its sole discretion, is prohibited. The estimate reflects your current benefit level as provided by your insurance company at the time of the request.

What the estimate does not include:

The physicians listed may be independent private practitioners and may be individually contracted with your insurance company. This means they may not be contracted with some health insurance organizations as the hospital. To determine whether these providers are contracted with your health insurance carrier and whether you have benefits for the services provided, please contact the practitioners directly via the information listed and contact your health insurance organization via the contact information listed on your insurance card.

- JLR Associates/JLR Medical Group (407) 667-0505
- Florida Emergency Physicians National Patient Services (888) 952-6772
- Central Florida Pathology Associates (407) 422-9831
- FHMG Florida Radiology Specialists (866) 481-7571

Disclaimer Statement

Thank you for considering AdventHealth for your health care needs. We are committed to providing quality, compassionate care, restoring health and promoting wellness. As a community and patient-focused hospital, we want to provide you with as much clarity and understanding as possible to help you make informed health care decisions. We offer this good faith **estimate** to help you determine your **likely out-of-pocket costs**. This estimated patient responsibility letter is made upon the most current coverage and benefit information provided by your insurance company (if you have insurance coverage), and the typical care experience of patients receiving similar services from your physician. **We would like to caution you that this is not a guarantee of the final amount due.** Hospital care is specifically tailored to the needs of each patient. Therefore, the final amount owed may vary based on circumstances involved in your actual services. Such circumstances may include:

- The length of time spent in surgery or recovery

- Specific equipment, supplies and medication required
- Additional tests requested by your physician
- Any special care, unexpected conditions or complications
- A change in your insurance benefits

Please note that this patient estimate letter covers hospital services only; it does not include professional fees for services provided by independent practitioners, such as your primary care physician, surgeon, radiologist, pathologist, anesthesiologist, emergency room physician, or other specialists. These providers bill separately from the hospital and you may contact them directly for pricing information. For your convenience, we have included the contact information for the most common independent practitioners at Florida Hospital.

If you have any questions regarding this good faith estimate or would like to pay by debit or credit card, please call us at (407) 303-0500. If you would like to pay by check, please make checks payable to Florida Hospital. We look forward to caring for you.

Sincerely,
Patient Access/Patient Financial Services Representative